Form CT-1040NR/PY Connecticut Nonresident and Part-Year Resident Income Tax Return

For DRS Use Only 2014 CT-1040NR/PY

Complete return in blue or black ink only	. Taxpayers must sign declaration on reverse side.								
For the year January 1 - December 31, 2014, or other taxable	year beginning:, 2014 and ending:,,								
Single Married filing jointly	filing separately Head of household Qualifying widow(er) with dependent child								
Your Social Security Number	se's name here and SSN below. Spouse's Social Security Number								
Check if	MI Last name (If two last names, insert a space between names.) Suffix (Jr./Sr MI Last name (If two last names, insert a space between names.) Suffix (Jr./Sr								
Your first name If joint return, spouse's first name Mailing address (number and street, apartment number, suite in the control of the cont	2014 Resident status Nonresident								
→									
Check if you filed Form CT-2210 Check here if you and checked any boxes on Part 1.	are filing Form CT-8379: Check here if you are filing Form CT-1040CRC: Attach to the back of the return.								
 Federal adjusted gross income from federa 	Form 1040, Line 37; Whole Dollars Only								
Form 1040A, Line 21; or Form 1040EZ, Lin									
2. Additions to federal adjusted gross income	from Schedule 1, Line 41 2								
3. Add Line 1 and Line 2.	3. 00								
← 4. Subtractions from federal adjusted gross in	come from Schedule 1, Line 52 4. 00								
5. Connecticut adjusted gross income: Suk	otract Line 4 from Line 3.								
6. Income from Connecticut sources from Sch	edule CT-SI, Line 30 6. 00								
g vi 7. Enter the greater of Line 5 or Line 6. If zer	o or less, go to Line 12 and enter "0." 7.								
7. Enter the greater of Line 5 or Line 6. If zer 8. Income tax on the amount on Line 7 from tax See instructions, Page 16.	•								
9. Divide Line 6 by Line 5. If Line 6 is equal to	or greater than Line 5, enter 1.0000. 9.								
10. Multiply Line 9 by Line 8.	10. Multiply Line 9 by Line 8.								
 9. Divide Line 6 by Line 5. If Line 6 is equal to 0 10. Multiply Line 9 by Line 8. 11. Credit for income taxes paid to qualifying ju of taxable year — part-year residents only 12. Subtract Line 11 from Line 10. If Line 11 is 0 13. Connecticut alternative minimum tax from F 									
12. Subtract Line 11 from Line 10. If Line 11 is	greater than Line 10, enter "0." 12.								
13.Connecticut alternative minimum tax from F	form CT-6251 13. 00								
14. Add Line 12 and Line 13.	14.								
15. Total allowable credits from Schedule CT-IT	Credit, Part I, Line 11 15. 00								
16. Connecticut income tax: Subtract Line 15 from the from the following tax:									
17.Individual use tax from Schedule 3, Line 62									
18.Add Line 16 and Line 17.	18.								

Due date: April 15, 2015 - Attach a copy of all applicable schedules and forms to this return.

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19. En	iter am	ount f	rom	Line	18.								-	19.],[. 0
	Em payer's	ployer's federa		eral ID		from E					Column B ticut wage etc.	s, tips,	Schedule CT K-1	e			Col icut in at left if		tax v			
and 1099 rmation	20a.		7	-						•		. 00	•	20a.								0
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your Schedule	20c.								П	•		. 00	• 🗆	20c.							П	0
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a. Clair		ht cre	dit:	Fron						e 6. Attac				22a.		;L			」,		H	0
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d. Will t	_	und go				coun	t outs	ide th	ne U.S.	.? Y	es											
e. Refu	ınd as	a debit	car	d?	Ye	es	If you	do no	ot elect	direct depo	sit or debit	card, a re	efund ch	eck wil _	l be is	sued	and pi	rocess	sing r	may b	e dela	yec
28. Ta	x due:	If Line	19	is m	ore	than	Line 2	23, s	ubtrac	t Line 23	from Line	19.	_	28.					<u>操</u>		Ш	. 0
). If late										months o	or fraction	of		29.					<u> </u>		Щ	. 0
a mo	onth lat	e, the	n by	/ 1%	(.01).	,							30.					<u></u>		Щ	. 0
. Intere		ınaerp	ayıı	ient (or es	ımate	ed tax	Irom	FOIII	CT-2210	. See inst	ructions	,	31.		,_			<u>_</u> ,		Ш	. 0
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Your signature Your email address Spouse's signature (if joint return) Paid preparer's signature Firm's name, address, and ZIP code Third Party Designee - Complete the following to authorize DRS to contact at							Telephone	number			`	arer's S	SN or F	PTIN								
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Complete applicable schedules on Pages 3 and 4 and send all four pages of the return to DRS.

Thank You

2014 Form CT-1040NR/P	Y - Page	3 of 4						Social umber	•		7 - [<u> </u>	-	Т	П
Schedule 1 - Modifications to Federal	Adjust	ted Gr	oss l	Inco	me			— En	ter all	items	as po	sitive n	number	S.	
See Instructions, Page 20. 33. Interest on state and local government obligation	ns other t	than Con	nectic	ut			3	33.		,],].	00
34. Mutual fund exempt-interest dividends from non government obligations	-Connect	icut state	e or m	unicip	al		3	34.						7	00
35/19654N6616KMW6/M86/////////////////////////////////	//////	//////	////	////	/////	////	///2	\$///	////	/////	////	/////	/////	<u>.</u> []],	///
36. Taxable amount of lump-sum distributions from adjusted gross income	qualified _l	plans no	t inclu	ded in	federa	al	3	36.		,], [].	00
37. Beneficiary's share of Connecticut fiduciary adju	ıstment: E	Enter onl	y if gre	eater t	han ze	ro.	3	37.].	00
38. Loss on sale of Connecticut state and local gove	ernment b	oonds					3	88.].	00
39. Domestic production activity deduction from federal	eral form	1040, Li	ne 35				3	9.		,],].	00
40. Other - specify •							2	Ю.		,],].	00
41. Total additions: Add Lines 33 through 40. Ente	er here ar	nd on Lin	e 2.				2	1.		,],].	00
42. Interest on U.S. government obligations								2.].	00
43. Exempt dividends from certain qualifying mutual fu	ınds deriv	ed from l	J.S. go	overnn	nent ob	ligatio	ns 4	3.		,],].	00
44. Social Security benefit adjustment: See Social Sec	curity Ben	nefit Adjus	stment	t Work	sheet, F	Page 2	22. 4	4.				1,		Ī.	00
45. Refunds of state and local income taxes							4	5.						Ī.	00
46. Tier 1 and Tier 2 railroad retirement benefits and	d supplem	nental an	nuitie	S			2	6.],		Ī.	00
47. 50% of military retirement pay							2	7.				1,		Ī.	00
48. Beneficiary's share of Connecticut fiduciary adju	ıstment: E	Enter onl	y if les	ss thar	n zero.		2	8.						Ī.	00
49. Gain on sale of Connecticut state and local gove	ernment b	oonds					4	9.],		Ī.	00
50. Connecticut Higher Education Trust (CHET) con	ntributions	5					5	50.				1.		Ī.	00
Enter CHET account number: Do not add spaces or dashes.															
51. Other - specify: Do not include out of state incom	ne. •						. 5	51.		,].	00
52. Total subtractions: Add Lines 42 through 51. E	nter here	and on	Line 4	l.			5	52.		,], 🗌].	00
Schedule 2 - Credit for Income Taxes You must attach a copy of your return filed with the											side	nts O	nly		
., ,		0.			•									٦	00
53. Connecticut adjusted gross income during the re See instructions, Page 26.	esidency	portion c		ble ye olun			. 5	53.		, (Colu	_, mn B			UU
54. Enter qualifying jurisdiction's name and two-letter code. See instructions, Page 26.	er 54.			ame			Code	9		• Î	Name			Со	de
55. Non-Connecticut income included on Line 53 an															
reported on a qualifying jurisdiction's income tax return: Complete Schedule 2 Worksheet, Page 25					,		. 0	0		,		$], \square$].	00
56. Divide Line 55 by Line 53. May not exceed 1.0000). 56.														
57. Apportioned income tax: See instructions, Page 26	6. 57.						. 0	0						<u></u> .	00
58. Multiply Line 56 by Line 57.	58.	,_			,		. 0	0		,		,			00
59. Income tax paid to a qualifying jurisdiction	F0						0	0						7	00
See instructions, Page 26. 60. Enter the lesser of Line 58 or Line 59.	59. 60.						0							╡.	00
					, ————————————————————————————————————	61.	' -	┰), LL	╦		0	0	
Total credit: Add Line 60, all columns. Enter h	iere and 0	лтыне П				ЮΙ.								-	

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Your Social					
Security Number					

Schedule 3 - Individual Use Tax

Do you owe use tax for on-line or other purchases where you paid no sales tax? See instructions, Page 36.

Failure to report and pay use tax is subject to as much as a \$5,000 fine, imprisonment for as much as 5 years, or both.

Complete the Connecticut Individual Use Tax Worksheet on Page 37 to calculate your use tax liability.

- 62c. Total use tax due at 7%: From Connecticut Individual Use Tax Worksheet, Section C, Column 7 62c.
- 62. **Individual use tax:** Add Lines 62a through 62c. If no use tax is due, you **must** enter "0" here and on Line 17.

• 62.

Schedule 4 - Contributions to Designated Charities - See more information on Page 53.

63a.	AIDS Research	63a.	<u> </u>		,	. 0	00
63b.	Organ Transplant	63b.				. 0	00
63c.	Endangered Species/Wildlife	63c.			, .	. 0	00
63d.	Breast Cancer Research	63d.			,	. 0	00
63e.	Safety Net Services	63e.				. 0	00
63f.	Military Relief	63f.				. 0	00
63g.	CHET Baby Scholar	63g.				. 0	00
63.	Total contributions: Add Lines 63a through 63g, ent	er amo	ount here	and on	Line 26a	63	63. 00

Complete and send all four pages of the return to DRS.

Use the correct mailing address for returns with a payment or requesting a refund.									
For all tax forms with payment:	For refunds and all other tax forms without payment:								
Department of Revenue Services	Department of Revenue Services								
PO Box 2969	PO Box 2968								
Hartford CT 06104-2969	Hartford CT 06104-2968								

Make your check payable to Commissioner of Revenue Services

To ensure proper posting, write your SSN(s) (optional) and "2014 Form CT-1040NR/PY" on your check.